

CITY OF FAIRFIELD SUBDIVISION PERMIT SUBMITTAL FORM

SUBDIVISION NAME _____ CONTRACTOR: _____
 CONTACT NAME: _____ PHONE #: _____ TARGET PERMIT ISSUANCE DATE: _____

LOT	ADDRESS	PLAN #	STORIES	#BDRMS	SQ.FT	DECK / PATIO

SUBCONTRACTORS

ELECTRICAL

MECHANICAL

PLUMBING

Name:			
Street:			
City & Zip:			
Phone#:			
License#:			

****ALL SUBCONTRACTORS ARE REQUIRED TO OBTAIN A CITY BUSINESS LICENSE***